## FILED EFFECTIVE CERTIFICATE OF

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## Please type or print legibly. Instructions are included on back of application. SECRE BY OF STATE STATE OF IDAHO

D/48375

	tra Construction
The true name(s) and <u>business</u> addressumes under the assumed business <u>Name</u>	ss(es) of the entity or individual(s) doing name: <u>Complete Address</u>
Michael K. Wall	1168 Park Meadows Drive
	Twin Falls, Idaho
	83301
·	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State
Twin Falls, idaho 83301  Name and address for this acknowled copy is (if other than # 4 above):	gment
ature Misla D Wall	Secretary of State use only
ed Name: Michael Wall	
	· ·
city/Title: owner	<u></u>
acity/Title: owner ature:	IDAHO SECRETARY OF STATE  96/17/2011 95:00  CK: 2205 CT: 259896 BH: 1278844